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FINANCIAL POLICY

Thank you for choosing Libertyville Oral Surgery. We are committed to providing the highest quality care at a reasonable cost. In this era of rising healthcare expenses, we will make every effort to keep costs down. However, we will not sacrifice quality and patient care to reduce costs. To avoid misunderstandings, we ask you to read and sign our financial policy prior to treatment.

- **You are responsible for your charges:** Patients or their legal guardian are responsible for all charges incurred during treatment and must pay for services. You might have insurance or financial support from your family or others, but you remain legally responsible for your bill.
- **Payment for service:** Payment is required at the time that the service is provided. If you are not covered by insurance, you must pay in full for all charges at the time of service unless prior arrangements have been made in our office.
- **If you do not have insurance:** Payment in full is expected at time of service. Financing is available through the healthcare financing program, CareCredit.
- **If you have insurance:** As a valued service to you, we will investigate your insurance benefits, estimate your out-of-pocket costs and file claims on your behalf.
 - *You must pay for estimated out-of-pocket expenses, such as estimated co-payments, deductibles, non-covered services or services requiring further review by your insurance carrier before treatment is initiated.*
 - *To determine the amount that might be paid by your dental insurance, we can file a written pre-treatment estimate to your dental carrier. Most carriers require 4 to 6 weeks to complete this request, so treatment will be delayed. If you receive additional dental treatment before the scheduled procedure in our office, your estimated remaining benefits could be less or non-existent. Medical insurance carriers will not provide written pre-treatment estimates. They will only inform us if you have benefits and if the services might be covered.*
 - *An insurance estimate is not a guarantee that your insurance company will pay exactly as estimated. Your insurance company determines the final amount paid at the time the claim is processed.*
 - *Verification of benefits is not a guarantee of payment by the insurance company. Final determination is made by the insurance company at the time the claim is processed.*
 - *Payment in full is expected 45 days after your claim has been filed by us. Insurance payments are supposed to be made by insurance companies within 30 days of filing. However, if your insurance company has not paid within 45 days, you will need to contact your insurance company to investigate claim status. If your payment is not received within 45 days of filing or if your claim is denied, you will need to pay the balance in full at that time. The payment will be applied to an authorized credit card (see separate form) or may be paid by check. A service charge of 1.5% per month will be added to your account if payment extends beyond 60 days from the date the claim was filed.*
 - *We will cooperate with your insurance company to assist with processing your claim. Please do not submit additional claims or information to the insurance company unless specifically requested.*

- *Your insurance policy is a contract between you and your insurance company.* The doctors are not part of the contract. Therefore, all charges incurred are your responsibility. You are responsible for payment whether or not your insurance company pays.
- **Dental implant surgery:** Insurance carriers provide limited coverage for dental implant and related procedures, such as bone grafting and CT scanning. Payment for 50% of the charges must be made when the scheduling implant procedures. The additional 50% will need to be paid 1 week before implant surgery.
- **Emergency patients:** Patients having emergency surgery must pay in full with credit card or cash for all charges before services are rendered.
- **Patients with Medicare:** Dental procedures are not covered by Medicare. We are not Medicare providers, but if you need a procedure that is considered medical treatment, you can have the procedure in our office if you sign a private contract.
- **Patients with Medicaid (public aid programs):** We are not Medicaid providers. Payment in full is required for services.
- **Minor patients:** The parent or guardian accompanying a minor is responsible for payment of services. Regardless of insurance coverage, patients age 18 and older are responsible for payment unless a parent accompanies them to the initial appointment and signs this agreement.
- **Divorce situations:** The parent who brings the child to the initial appointment is responsible for all charges incurred during treatment, regardless of who provides insurance coverage. Our office will not become involved in payment disputes between divorced parents.
- **Returned checks:** \$30 service will be charged for returned checks. Temporary or post-dated checks are not accepted.
- **Collection fees:** If it becomes necessary for our office to use a collection service and/or legal assistance, you will be responsible for all collection/legal fees incurred.

Please indicate the method of payment today: (please circle)

CASH CHECK MASTERCARD VISA DISCOVER CARE CREDIT

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I have read the above, understand and agree to the above terms and conditions, and I agree to be responsible for total payment of my account:

Patient's signature (or financially responsible person's signature) Date

I authorize my insurance benefits be paid directly to Hime & Kabot, Ltd. (Libertyville Oral Surgery)

Patient's signature (or financially responsible person's signature) Date